



Arizona Attorney General

Tom Horne

Educating – Protecting – Empowering
Arizona Consumers

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Abuse, Neglect and Exploitation of the Elderly

Awareness, Prevention & Protection

**An Information Guide
For the Care of Arizona Seniors**



"The oldest hath borne most." – Shakespeare

Message from Attorney General Tom Horne



While most facilities and individuals charged with caring for Arizona's seniors and vulnerable population do their jobs well, statistics show that abuse, neglect and exploitation of the elderly is on the rise. In the past decade it has increased nearly 150%. Moreover, only about 1 in 14 cases are being reported, according to the Area Agency on Aging.

According to statistics from Elder Abuse Daily, roughly 77% of cases reported to Adult Protective Services involve exploitation or financial abuse against an elderly person. Neglect and physical or emotional abuse equate to approximately 19% and 20% respectively of those cases. Maricopa County alone sees nearly 70,000 reported and unreported cases each year. It is a concern for all of us as our population ages. (EADaily.com)

As Attorney General, I have made the issue of abuse and exploitation of our senior and vulnerable population a top priority, and have initiated the TASKFORCE AGAINST SENIOR ABUSE, known as TASA.

TASA is part of the Attorney General's Public Advocacy Division, but is set up to draw on experience and capabilities from every division within this Office. The taskforce will be used as a means of protecting seniors from the elder abuse by mandating prosecution for elder abuse, elder neglect, exploitation, and scams that target elders. In this effort, we have a dedicated phone line where people can report possible incidents of elder abuse or neglect. The taskforce can be reached by phone at (602) 542-2124 or via email at seniorabuse@azag.gov.

We hope this booklet will help you understand the depth of the problem, give you tips on how to spot abuse, and give you information on what to do if you suspect abuse. We need to work together to honor and respect our vulnerable seniors and stem the problem of senior abuse and exploitation in Arizona.

A handwritten signature in black ink that reads "Tom Horne". The signature is fluid and cursive, with the first letters of "Tom" and "Horne" being capitalized and prominent.

Tom Horne
Arizona Attorney General

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Produced by the Office of Attorney General,
Health Care Fraud and Abuse Section & TASA, Consumer Protection & Advocacy Section
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Definitions and Examples of Reportable Abuse,
Neglect and Exploitation:

VULNERABLE ADULT: Any adult, 18 years of age or older, who is unable to protect him or herself from abuse, neglect or exploitation by others because of a mental or physical impairment (A.R.S. §§ 13-3623; 46-451). This includes an “incapacitated person,” as defined in A.R.S. § 14-5101, and those individuals impaired by reasons of mental or physical illnesses, or chronic drug or alcohol use “to the extent that [the person] lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his person.”

ABUSE: The intentional infliction of physical harm, [an] injury caused by negligent acts or omissions, unreasonable confinement, sexual abuse, or sexual assault. It includes the impairment of physical condition as evidenced by skin bruising, pressure sores, bleeding, fracture of any bone, subdural hematoma, soft tissue swelling, injury to any internal organ, or any physical condition that imperils health or welfare. (A.R.S. §§ 13-3623; 46-451).

The following are examples of abuse that should be reported:

- a. Hitting a resident with hand, fist, foot, or object.
- b. Shoving, tripping, pushing, pulling, scratching, slapping, pinching, cutting, or biting a resident.
- c. Raping a resident or forcing a resident to engage in other sexual acts.
- d. Using unnecessary or excessive physical or chemical restraints.
- e. Allowing a resident to be abused by other residents.



Abuse can be inflicted by facility staff, other residents, family members and visitors. Even if the victim was not physically injured as a result of the abuse it still may be a crime. (A.R.S. § 13-1203(a) (3)).

NEGLECT: A pattern of conduct, without the person’s informed consent, deprivation of food, water, medication, medical services, shelter, cooling, heating, or other services necessary to maintain minimum physical or mental health. (A.R.S. § 46-451).

The following are examples of acts of neglect or failure to provide necessary services and care that should be reported:

- a. Staff did not provide timely, safe, or adequate medication.
- b. Inadequate clothing provided for weather conditions (i.e.: no coat in winter, inadequate cooling in the summer).
- c. Caretaker allowed person to lie/sit in feces or urine for an excessive amount of time; failed to change diaper, clothes, or bedclothes when needed.
- d. Staff did not provide medical help promptly when needed (i.e.: resident broke hip and was not seen by a doctor until several days later, despite complaints of pain).
- e. Staff did not provide adequate supervision, resulting in danger to the resident.
- f. Resident allowed to be self-abusive (i.e.: to burn him or herself).
- g. Staff did not attend to hygiene needs; did not bathe and groom as needed.
- h. Resident suffers from dehydration or inadequate nutrition.

Neglect may or may not be intentional. It may be committed by a family member or group of staff members who have decided to “punish” a patient for demanding too much attention or for being incontinent. Inadequate staffing, failure to provide services and improper training may also result in neglect.

EXPLOITATION: The illegal or improper use of a vulnerable adult or his resources for another’s profit or advantage. (A.R.S. § 46-451).

The following are examples of exploitation which should be reported:

- a. Resident’s relative, who is representative payee, fails to pay nursing, boarding, or foster home assessment and personal needs money.
- b. Facility administrator, who is resident’s representative payee, purchases furniture and clothing not intended for resident.
- c. Staff member forces resident to give him or her money or personal property (i.e.: T.V., jewelry, or furniture).
- d. Staff member uses victim’s credit card or resident’s trust fund for personal use.

EMOTIONAL ABUSE: A pattern of ridiculing or demeaning a vulnerable adult who is a patient in any setting in which health care, health-related services or assistance with one or more of the activities of daily living is provided. Making derogatory remarks, verbally harassing or threatening to inflict physical or emotional harm are also included. (A.R.S. § 13-3623).

The following are examples of emotional abuse which should be reported:

- a. Repeated verbal harassment such as name calling, cursing or yelling at a patient in anger.
- b. Telling a resident that their food is poisoned or threatening to give them a pill so they won’t wake up.



Signs of Abuse and Neglect, Physical Abuse Indicators, Sexual Abuse Indicators, Indicators of Neglect

SIGNS OF ABUSE AND NEGLECT: The previous section gave examples of abusive, neglectful and exploitative acts that should be reported to a peace officer or protective service worker.

Sometimes you may observe signs of abuse, but not actually be a witness to what happened. The following examples serve as “red flags” to suggest that abuse or neglect may have occurred.

PHYSICAL ABUSE INDICATORS: The result of physical injuries from assaults, cruel discipline, excessive use of physical or chemical restraints, and unnecessary or incorrect medication may include any of the following signs:

Marks and/or Welts

You may observe bruises or other physical injury because a staff member shook, pushed or punched a resident. A resident may have a hand-print shaped bruise where he or she was slapped across the face, arms, or buttocks.

Suspicious Scars

You may observe scars that may indicate that the resident has been a victim of repeated or past abuses.

Burns

Red burn or scald marks may appear because a resident is placed in a scalding hot tub of water or is purposefully burned with a cigarette, iron, curling iron, or other hot instrument.

SEXUAL ABUSE INDICATORS: A person commits sexual abuse by intentionally or knowingly engaging in sexual contact with any person fifteen or more years of age without consent of that person or with any person who is under fifteen years of age if the sexual contact involves only the female breast.

Sexual contact is any direct or indirect touching, fondling or manipulating of any part of the genitals, anus or female breast by any part of the body or by any object or causing a person to engage in such contact.

Examples:

- ◆ You observe injury to a resident’s genitals, anus, or breast.
- ◆ You observe a staff member fondling a resident’s genitals or breasts.



INDICATORS OF NEGLECT: Neglect may occur when residents are left alone, ignored by staff, left with staff who fails to care for them with good judgment, or put them in dangerous circumstances.

Examples:

- ◆ You are on your way to your work station when you notice that a group of assaultive residents have been left alone unsupervised. Suddenly one resident is injured by another resident.
- ◆ You discover residents left in the care of a worker who has fallen asleep or is intoxicated while on duty.
- ◆ You know that a resident with bleeding gums and some loose teeth has not been taken to the dentist.
- ◆ You observe a resident who fell several days ago. Their ankle is swollen and bruised and they complain of pain when walking. Neither the resident’s doctor nor family are immediately notified of the fall. X-rays taken five days after the fact reveal a fractured ankle.
- ◆ The facility fails to protect wandering residents or residents who have a propensity for falling.
- ◆ A resident is allowed to remain covered in feces or urine soaked undergarments.
- ◆ Resident is losing weight rapidly or showing signs of dehydration.
- ◆ You observe staff not assisting residents at mealtime or taking food away too fast.
- ◆ Staff fails to follow doctors’ orders regarding patient treatment.

Patient Abuse: Risk Factors

Abuse in facilities may occur in a variety of ways. Patients may abuse one another, facility staff may abuse patients, or patients may be abusive toward self. Abuse may be an act of violence such as assault or sexual violence, or it may be non-violent, as in the case of medication errors or falls resulting from failure to follow proper procedure.

Abuse can be prevented by learning about risk factors. There are employee risk factors, facility risk factors, and resident risk factors. There are also forces that can contribute to the problem, such as weather, time of day, season, holidays, after visits with family, etc. Staff and employees, if you are feeling stressed, or are having difficulty with a resident, make sure the resident is safe and seek assistance from your supervisor.



The chart below identifies risk factors for abuse. Low risk in one or two columns can reduce the chance of abuse even when the risk factors in a third column are high.

EMPLOYEE FACTORS	FACILITY FACTORS	RESIDENT RISK FACTORS
Mental illness	Crowding/concentration of vulnerable adults Staff shortages –i.e. least experienced staff required to work holidays when staffing is skeletal and residents are agitated	Mute
Alcohol/drug abuse		Incompetent/Organic Brain Syndrome/Dementias
Prior history of disciplinary actions		History of multiple incidents
Poorly trained		History of substance abuse
Insubordinate/power conflicts/rivalry		Assaultive – i.e. spitters, hitters
Chronic physical illness	Inadequate managerial response to abuse	Verbally abusive, racist
Financial problems	Unrealistic budget or reimbursements rates	Intrusive – resident has figured out what “buttons” to push
Role reversal - i.e. looking to resident to fulfill their own needs	Staff poorly paid – low investment in jobs, resentment when demands made	Hostile, passive aggressive
Family problems or history of family violence	Poor role definition; obscure organizational chart	Argumentative
Pattern of excessive absenteeism	Use of facility for detention of anti-social persons	Demanding
Social isolation	High employee absenteeism; high overtime demands	Passive
Overworked	Poor building maintenance – ventilation, noise, lighting	If a resident is being abused, he or she might exhibit the following signs: <ul style="list-style-type: none">◆ Fearful◆ Crying◆ Unwillingness to talk◆ Withdrawn
Inability to cope with stress	High personnel turnover; frequent “reorganizations”	
Failure to understand the disease process and the patient symptoms	Lack of staff training, which means staff are not prepared to act wisely or correctly	

Resident vs. Resident Abuse, Exploitation, Resident Self-Injury, Accidents, Resident vs. Staff Abuse

RESIDENT vs. RESIDENT ABUSE, EXPLOITATION: In facility settings, conflicts among residents arise and anger is sometimes expressed by fighting, hitting, biting, or scratching. Such altercations must be interrupted at once and recorded in appropriate incident reports.

Reports of resident vs. resident abuse and exploitation can be made to a peace officer or to the Arizona Department of Economic Security (DES), Adult Protective Services (APS). APS will record the report and assign the case for investigation if there is any sign of abuse, neglect or exploitation. Facilities may contact Adult Protective Services or local law enforcement with any questions about situations of resident abuse or exploitation.

RESIDENT SELF-INJURY: Self-abuse must be interrupted at once. Other than appropriate internal charting and filing an incident report, events of self-abuse are not reportable abuse or neglect if they are dealt with promptly.

ACCIDENTS: Accidents such as falls and bumps are not reportable. Any injury or potential injury occurring accidentally must receive prompt attention. Failure to do so could result in neglect. If neglect may be the cause of the accident it should be reported to APS.

RESIDENT vs. STAFF ABUSE: Just as staff members may abuse residents, residents may abuse staff. Residents may hit, bite, scratch, or kick facility staff. These incidents need to be documented and brought to the attention of appropriate supervisory personnel, and possibly law enforcement. The facility is responsible to take steps to address such abusive behavior on the part of the residents.

Resident Rights

- A. Pursuant to R9-10-710(A)-(D) assisted living facilities shall establish a written policy regarding the rights of residents and shall assure compliance with that policy. A list of resident rights shall be given to each resident or the resident’s representative and signed at the time of admission. The assisted living facility shall include with the list information necessary for contacting the long-term care ombudsman and the local office of the adult protective services. (See R9-10-710. Resident Rights, Title 9. Health Services at the back of this booklet).
- B. Many of the same resident rights also apply to residents of skilled nursing or nursing facilities (42 C.F.R. § 483.10). Some of those rights include:
 - 1 The right to a dignified existence and self-determination.
 - 2. Communication with and access to persons and services inside and outside the facility.
 - 3. The right to be free of interference, coercion, discrimination and reprisal from the facility in exercising his or her rights.
 - 4. The right to refuse treatment.
 - 5. Upon written authorization, the facility must hold, safeguard, manage and account for personal funds of a resident deposited within the facility.



Arizona’s Reporting Law (A.R.S. § 46-451 et seq.)

Mandatory Reporting. Arizona law requires that certain people – physicians, registered nurse practitioners, hospital interns or residents, surgeons, dentists, psychologists, social workers, peace officers, or other persons who have responsibility for the care of a vulnerable adult – and who have a reasonable basis to believe that abuse or neglect of the adult has occurred or that exploitation of the adult’s property has occurred – **must** immediately report or cause reports to be made of such reasonable basis to a peace officer or to Adult Protective Services. Guardians or conservators of a vulnerable adult must likewise immediately report or cause reports to be made of such reasonable basis to superior court. The reports must be made immediately in person or by telephone and must be followed up by a written report mailed or delivered within 48 hours or on the next working day if the 48 hours expire on a weekend or holiday. A.R.S. § 46-454.

Arizona law also requires an attorney, accountant, trustee, guardian, conservator, or other person who has responsibility for preparing tax records, or a person who has responsibility for any other action concerning the use or preservation of the vulnerable adult’s property who discovers a reasonable basis to believe that abuse, neglect, or exploitation has occurred, to immediately make or cause reports to be made to a peace officer, to Adult Protective Services or to the public fiduciary’s office.

Discretionary Reporting. Any person other than one required to report or cause reports to be made who has a reasonable basis to believe that abuse or neglect of a vulnerable adult has occurred may report the information to a peace officer or to Adult Protective Services. A.R.S. § 46-454(D).

Immunity. A person who makes a report which is required or authorized by law is immune from civil or criminal liability by reason of this action, unless the person acted with malice or unless such person has been charged with or is suspected of abusing, exploiting or neglecting the vulnerable adult in question. A.R.S. § 46-453(A).

Criminal Sanctions for Failure to Report. A person who knowingly fails to report could be convicted of a class 1 misdemeanor, serve up to 6 months in jail, and be fined up to \$2,500 under current law. A.R.S. § 46-454(K).

False Reporting. A person who intentionally makes a false report of vulnerable adult abuse or neglect to a law enforcement agency or to another person who is required by law to report the information to a law enforcement agency could be convicted of a class 1 misdemeanor. A.R.S. § 13-2907.04.

Confidentiality. All personally identifiable information, including the reporter’s identity, other than that of a perpetrator against whom an allegation of abuse, neglect or exploitation has been substantiated, is maintained as confidential by Adult Protective Services unless otherwise provided by law. See A.R.S. § 41-1959 and A.R.S. § 46-458 and 459.

Preventing Abuse in Facilities

- 1. Facility administration needs to communicate clearly and consistently that all residents must be treated with dignity and respect. The facility is their home. The residents should be free from abuse, neglect and exploitation.
- 2. Training programs must be provided that develop appropriate attitudes in new employees and teach staff about resident behavior and needs. Training programs must also teach stress management and conflict resolution.
- 3. Staff must also be trained in the disease process. Frequently residents do not have control over their actions, such as striking a staff member, yelling frequently, being incontinent, etc.
- 4. Administrators and supervisors should be visible, available and supportive to staff.
- 5. The Department of Health Services’ Bureau of Long Term Care Licensing (for nursing homes) or the Office of Assisted Living Licensing (for assisted living facilities), should be notified of cases involving abuse, neglect of financial exploitation. They should also be contacted if there are concerns over the quantity or quality of food being served; under staffing; broken toilets; showers or other equipment; lack of supplies and other, similar deficiencies.
- 6. Administrators and supervisors must impress on staff and residents that the law requires reporting suspected abuse, neglect and exploitation to a peace officer or Adult Protective Services.
- 7. It is highly recommended that a confidential means of reporting be developed within the facility to protect those who report and reduce pressures by a peer group.
- 8. Minor incidents must be dealt with immediately. Any abuse, no matter how “minor,” should be reported.
- 9. Administration must insure that staff has proper supplies necessary to perform their duties.
- 10. Supervision must be competent, supportive and consistent.
- 11. Counseling services for employees with significant personal problems should be available by referral as part of the employee’s health services.
- 12. Staff that is becoming upset with a particular patient needs to report their feelings to their supervisor for consideration of alternatives in providing care or reassignment.
- 13. Staff and residents must be encouraged to report any situation that deviates from the norm.
- 14. Staff must be encouraged to utilize the services of the Long-term Care Ombudsman and understand the Ombudsman role.



Agencies Involved in Elder Abuse Investigation

Arizona Department of Economic Security



Aging and Adult Administration
1789 West Jefferson, Phoenix, AZ 85007
(602) 542-4446

Adult Protective Services (APS)
Toll-Free Reporting Hotline (M-F, 7 a.m. to 7 p.m.;
Sat. & Sun., 10 a.m. to 6 p.m.)
1-877-SOS-ADULT (767-2385)
Online Reporting (24/7) at www.azdes.gov/daas/aps

Adult Protective Services receives and investigates reports of exploitation, abuse, and neglect of vulnerable adults. APS also assists in facilitating services and supports to help protect them and help them live as independently as possible.

If you suspect abuse, neglect, or exploitation, contact APS, and where appropriate, law enforcement immediately. When reporting, it is important to provide the date of the incident, the name of the alleged suspect, location, the patient’s name, date of birth, and Social Security Number (if known), and as many facts about the abuse, neglect, or exploitation as possible.

Arizona Long-Term Care Ombudsman Office

1789 West Jefferson 25W (950-A)
Phoenix, Arizona 85007
(602) 542-6454
Fax (602) 542-6655

A Long-Term Care Ombudsman is specially trained and certified to advocate for resident rights, quality of care and quality of life in Arizona’s long-term care facilities. The Long-Term Care Ombudsman Program is authorized by State and Federal laws. (See A.R.S. § 46-452.02).

Certified Long-Term Care Ombudsmen provide a link between the residents and the community. They visit assigned facilities on a regular basis and also investigate and attempt to resolve complaints and concerns on behalf of the residents. The complaints and concerns may be made by the resident, family, friends, facility staff, or community agencies. The Long-Term Care Ombudsman’s duties include the following:

- 1). Investigate the complaint and works with the resident and any other individuals involved in the case to resolve the complaint or concern;
- 2). Utilize resources including State and local regulatory agencies to resolve these complaints and concerns;
- 3). Provide information to residents and their families about rights, laws and regulations and help identify available resources; and
- 4). Provide program information to facility staff and the public through trainings and presentations.

Area Agencies on Aging

The area Agency on Aging strives to secure, and provide essential services to enhance the quality of life in a diverse and changing society. It meets this challenge through advocacy, coordination, building alliances and promoting public awareness.

Area Agencies on Aging Directory

REGION I (MARICOPA COUNTY)

Area Agency on Aging, Region One
1366 East Thomas Road, Suite 108
Phoenix, AZ 85014
(602) 264-2255
Fax (602) 230-9132
24-hour Senior HELP LINE:
(602) 264-4357

REGION II (PIMA COUNTY)

Pima Council on Aging
8467 East Broadway
Tucson, AZ 85710
(520) 790-7262
Fax (520) 790-7577

REGION III (APACHE, NAVAJO, COCONINO & YAVAPAI COUNTIES)

Area Agency on Aging
43 South San Francisco
Flagstaff, AZ 86001-5296
Sponsor: Northern AZ Council of Governments (NACOG)
(928) 213-5254
Fax (928) 214-7235
NACOG: 1-877-521-3500
www.NACOG.org

REGION IV (YUMA, MOHAVE & LA PAZ COUNTIES)
Western Arizona Council of Governments (WACOG)

224 South Third Avenue
Yuma, Arizona 85364
(928) 782-1886
1-800-782-1886
Fax (928) 329-4248

REGION V (PINAL & GILA COUNTIES)

Pinal-Gila Council for Senior Citizens (PGCSC)
& Area Agency on Aging
8969 West McCartney Road
Casa Grande, AZ 85194
(520) 836-2758
Fax (520) 421-2033

REGION VI (GRAHAM, GREENLEE, COCHISE & SANTA CRUZ COUNTIES)

Area Agency on Aging
300 Collins Road
Bisbee, AZ 85603
Sponsor: Southeastern Arizona Governments (SEAGO)
(520) 432-5301
Fax: (520) 432-9168

REGION VII (NAVAJO NATION)

Navajo Aging Services Department
P.O. Box 1390
Window Rock, AZ 86515
(928) 871-6868
Fax: (928) 871-6793

REGION VIII (INTER-TRIBAL COUNCIL, 19 TRIBES)

Inter-Tribal Council of Arizona, Inc.
2214 North Central Avenue, Suite 100
Phoenix, AZ 85004
(602) 258-4822
Fax: (602) 258-4825

Office of the Arizona Attorney General

TaskForce Against Senior Abuse (TASA)
1275 W Washington, Phoenix, AZ 85007
(602) 542-2124 Fax: (602) 542-4377
1-800 352-8431 (Outside of Maricopa)
Email: SeniorAbuse@azag.gov

TASA Reporting - 24 hours, 7 days a week
(602) 542-2124



“To schedule an informative presentation about our Taskforce and Senior Abuse, please call our office at 602-542-7806. We are happy to come to your group and speak on this very important subject.”

TASA, initiated by Attorney General Tom Horne, responds to reports of elder abuse and financial exploitation and implements and develops elder abuse prevention programs and educational activities involving law enforcement, government agencies and the private sector. TASA members include attorneys who specialize in: Consumer Protection and Advocacy, dealing with fraudulent business practices and scams; Health Care and Abuse, overseeing embezzlements from Medicaid/Medicare and allegations of abuse, neglect and exploitation; and Criminal Fraud, which goes after businesses or individuals targeting Arizona’s Senior Citizens. It maintains the Elder Abuse Central Registry that contains lawsuits filed pursuant to the Arizona criminal and civil statutes. (A.R.S. § 13-3623 & 46-451).

In keeping with the Attorney General’s commitment to combat crimes against seniors, there are three departments, called sections, within this office which are actively involved:

Criminal Fraud Section, which aggressively investigates and prosecutes frauds and criminals that target Arizona’s Senior Citizens;

Consumer Protection and Advocacy Section, which protects seniors’ assets from fraudulent business practices by enforcing the Consumer Fraud Act and other related statutes which prohibit the use of deception and fraud in the marketplace; and

Health Care Fraud & Abuse Section, which investigates and prosecutes cases involving the falsification of medical records and the filing of false or inflated Medicaid billing claims; thefts and embezzlements from AHCCCS clients and health care institutions; the illegal diversion of prescription drugs by health care providers; and the physical, sexual, and emotional abuse of residents being cared for in AHCCCS-funded facilities.



Arizona Department of Health Services

The mission of the Bureau of Long Term Care Licensing is to protect the health and safety of the residents of Nursing Care Facilities in Arizona. Teams of Registered Nurses and other Health Care Professionals conduct annual state licensure and Medicare certification and recertification inspections to ensure compliance with Federal and State regulations. Complaint investigations are conducted within the department’s jurisdiction.



Phoenix
Bureau of Long Term Care Licensing
Arizona Department of Health Services
150 N. 18th Ave., Suite 440,
Phoenix, AZ 85007
(602) 364-2690 Fax: (602) 364-4765

Tucson
Bureau of Long Term Care Licensing
Arizona Department of Health Services
400 West Congress, Suite 116
Tucson, Arizona 85701
(520) 628-6965 Fax: 520-628-6991

Areas Inspected: Residents Rights, Resident Behavior and Facility Practices, Quality of Life. Resident Assessment, Activities, Quality of Care, Nursing Services, Dietary Services, Physicians Services, Specialized Rehabilitative Services, Dental Services, Pharmacy Services, Infection Control, Physical Environment, and Administration.

Phoenix
Office of Assisted Living Licensing
Arizona Department of Health Services
150 N. 18th Ave., Suite 420
Phoenix, Arizona 85007
(602) 364-2639 Fax: (602) 364-4766

Tucson
Office of Assisted Living Licensing
Arizona Department of Health Services
400 West Congress, Suite 116
Tucson, Arizona 85701
(520) 628-6965 Fax: (520) 628-6991



The Office of Assisted Living Licensing regulates and monitors Assisted Living Facilities and Adult Day Care Centers throughout Arizona. An Assisted Facility is a residential care institution, including adult foster care, which provides supervisory, personal, or directed care services. Facilities providing care to ten or fewer residents are Assisted Living Homes, and Assisted Living Centers provide care to 11 or more residents. Adult Day Health Care Centers provide services on a regular basis, during a portion of the day.

The individuals served in these facilities require health-related services. Licensure surveys and complaint investigations are conducted by State Licensing Surveyors, who may be Nurses or other healthcare professionals, to ensure compliance with State laws and rules.

Areas inspected include Administration, Personnel Requirements, Residency Agreements, Residents Rights, Service Plans, Activities, Medications, Resident Records, Food Services, Physical Plant Requirements, Fire and Safety Requirements, and Environmental Services.

Title 9. Health Services, R9-10-710. Resident Rights

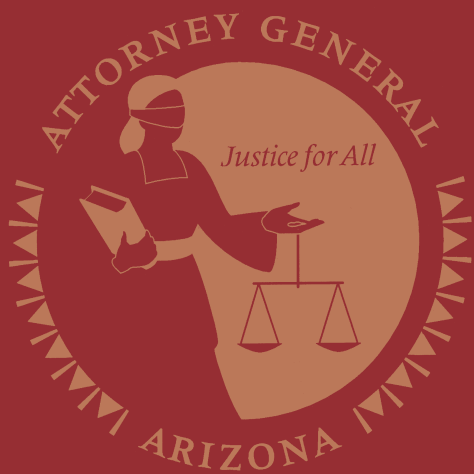
- A. A licensee shall ensure that a resident or representative is provided the following at the time the resident is accepted into an assisted living facility:
 - 1. A list of current resident rights;
 - 2. A copy of current internal facility requirements; and
 - 3. Current phone numbers of:
 - a. The Arizona Department of Health Services’ Office of Assisted Living Licensure;
 - b. D.E.S. Adult Protective Services;
 - c. 911 or other local emergency response;
 - d. The D.E.S. Long-Term Care Ombudsman;
 - e. The Arizona Center for Disability Law;
 - f. The Governor’s Office for Americans with Disabilities; and
 - g. An entity that provides information on health care directives.
- B. A licensee shall ensure that a resident or the representative acknowledges, in writing, receipt of the items in subsection (A).
- C. A licensee shall ensure that language barriers or physical disabilities do not prevent a resident or representative from becoming aware of internal facility requirements and the resident rights.
- D. A licensee shall ensure that a resident has the following rights:
 - 1. To live in an environment that promotes and supports each resident’s dignity, individuality, independence, self-determination, privacy, and choice;
 - 2. To be treated with consideration and respect;
 - 3. To be free from abuse, neglect, exploitation, and physical restraints and chemical restraints;
 - 4. To privacy in correspondence, communications, visitation, financial and personal affairs, hygiene, and health-related services;
 - 5. To receive visitors and make private phone calls;
 - 6. To participate or allow the representative or other individual to participate in the development of a written service plan;
 - 7. To receive the services specified in the service plan, and to review and re-negotiate the service plan at any time;
 - 8. To refuse services, unless such services are court ordered or the health, safety, or welfare of other individuals is endangered by the refusal of services;
 - 9. To maintain and use personal possessions, unless such use infringes upon the health, safety, or welfare of other individuals;
 - 10. To have access to common areas in the facility;
 - 11. To request to relocate or refuse to relocate within the facility based upon the resident’s needs, desires, and availability of such options;
 - 12. To have financial and other records kept in confidence. The release of records shall be by written consent of the resident or the representative, except as otherwise provided by law;
 - 13. To review the resident’s own records during normal business hours or at a time agreed upon by the resident and the manager;
 - 14. To review a copy of this Article during normal business hours or at a time agreed upon by the resident and the manager;
 - 15. To review the assisted living facility’s most recent survey conducted by the Arizona Department of Health Services, and any plan of correction in effect during normal business

hours or at a time agreed upon by the resident and the manager;

- 16. To be informed, in writing, of any change to a fee or charge at least 30 days before the change, unless the resident’s service needs change, as documented in the resident’s service plan as required in R9-10-711(A)(7);
- 17. To submit grievances to employees, outside agencies, and other individuals without constraint or retaliation;
- 18. To exercise free choice in selecting activities, schedules, and daily routines;
- 19. To exercise free choice in selecting a primary care provider, pharmacy, or other service provider and assume responsibility for any additional costs incurred as a result of such choices;
- 20. To perform or refuse to perform work for the assisted living facility;
- 21. To participate or refuse to participate in social, recreational, rehabilitative, religious, political, or community activities; and
- 22. To be free from discrimination in regard to race, color, national origin, sex, sexual orientation, and religion and to be assured the same civil and human rights accorded to other individuals.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section R9-10-710 repealed, new Section R9-10-710 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).



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